

FACILITY RESPONSE PLAN CHECKLIST

COVER SHEET

SITE NUMBER: TBA

FY INSPECTION: EY- INSP- 990125 ⁹⁹⁰²⁷⁷

FRP ID#: FRP-06-LA-00556 REGIONAL ID#: _____

MSO: Morgan City

Inspectors Name: Don Kluth Affiliation: EPA-START

Date of Plan Review: 8-4-99 Date of Field Inspection: 8-16-99

Compliance with Appendix F to Part 112



The Facility Response Plan follows the specific format in Appendix F to Part 112.



The Facility Response Plan does not follow the specific format in Appendix F to Part 112, but includes an Emergency Response Action Plan as specified in paragraph (h)(i) that is supplemented with a cross-reference section to identify the location of elements listed in paragraphs (h)(2) through (h)(11) of 40 CFR 112.20.



The Facility Response Plan does not follow the specific format in Appendix F to Part 112 and is not supplemented with a cross-reference section to identify the location of elements listed in paragraphs (h)(1) through (h)(11) of 40 CFR 112.20.

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REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
Response Plan Cover Sheet (sec. 2.0)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
General Information (sec. 2.1)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Applicability of Substantial Harm Criteria (sec. 2.2)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Certification (sec. 2.3)	<input checked="" type="radio"/> YES <input type="radio"/> NO	

Please use the following space to note any missing or incomplete information.

Emergency Response Action Plan (ERAP) (sec. 1.1)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Qualified Individual (QI) Information (sec. 1.2)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Emergency Notification List (sec. 1.3.1)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Spill Response Notification Form (sec. 1.3.1)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Response Equipment List and Location (sec. 1.3.2)	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
Response Equipment Testing and Deployment (sec. 1.3.3)	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
Facility Response Team List (sec. 1.3.4)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Evacuation Plan (sec. 1.3.5)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Immediate Actions (sec. 1.7.1)	<input checked="" type="radio"/> YES <input type="radio"/> NO	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
Facility Diagrams (sec. 1.9)	<input checked="" type="radio"/> YES <input type="radio"/> NO	

*The sections above should be extracted from the more detailed corresponding sections of the plan. Please use the following space to note any missing or incomplete information.

Facility Information (sec. 1.2)		
Facility name (sec. 1.2.1)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Street address	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
City, state, zip	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
County	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Phone number	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Latitude/longitude (sec. 1.2.2)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Wellhead protection area (sec. 1.2.3)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Owner/operator (both names included, if different) (sec. 1.2.4)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
QI Information (sec. 1.2.5) (Name, position, street address, phone numbers)	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Description of specific response training experience	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Oil storage start-up date (sec. 1.2.6)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Facility operations description (sec. 1.2.7)	<input checked="" type="radio"/> YES <input type="radio"/> NO	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
Standard Industrial Classification code	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Dates and types of substantial expansion (sec. 1.2.8)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	

Please use the following space to note any missing or incomplete information.

Emergency Response Information (sec. 1.3)		
Notification (sec. 1.3.1)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
Emergency Notification Phone List	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- National Response Center phone number	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- QI (day and evening) phone number	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Company response team (day and evening) phone numbers	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Federal On-Scene Coordinator (OSC) and/or Regional response center (day and evening) phone numbers	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Local response team phone numbers (Fire Department/Cooperatives)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Fire marshal (day and evening) phone numbers	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- SERC (day and evening) phone numbers	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- State police phone number	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- LEPC phone number	<input checked="" type="radio"/> YES <input type="radio"/> NO	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Wastewater treatment facility(s) name and phone number (recommended)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Local water supply system (day and evening) phone numbers	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Weather report phone number	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Local TV/radio phone number(s) for evacuation notification	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Hospital phone number	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Spill Response Notification Form	<input checked="" type="radio"/> YES <input type="radio"/> NO	

Please use the following space to note any missing or incomplete information.

Response Equipment List (sec. 1.3.2)	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Skimmers/Pumps	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Operational Status	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Type, Model, and Year	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Number of or Quantity	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Capacity	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Daily Effective Recovery Rate	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Storage Location(s)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Date Fuel Last Changed	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Boom	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Operational Status	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Type, Model, and Year	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Number	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Size (length)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Containment Area	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Storage Location	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Chemicals Stored	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Type	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Quantity	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Shelf life	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Date Authorized	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Dispersant Dispensing Equipment	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Operational Status	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Type and Year	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Capacity	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Storage Location	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Response Time	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Sorbents	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Operational Status	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Type and Year Purchased	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Amount	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Absorption Capacity	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Storage Location(s)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Hand Tools	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Operational Status	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Type and Year	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Quantity	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Storage Location	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Communication Equipment	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Operational Status	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Type and Year	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Quantity	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID:

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Storage Location/Number	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Fire Fighting and Personnel Protective Equipment	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Operational Status	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Type and Year	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Quantity	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Storage Location	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Other (e.g. Heavy Equipment, Boats, and Motors)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Operational Status	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Type and Year	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Quantity	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Storage Location	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

Please use the following space to note any missing or incomplete information.

Response Equipment Testing and Deployment Drill Log (sec. 1.3.3)	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Date of Last Inspection or Equipment Test	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Inspection Frequency	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Date of Last Deployment Drill	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Deployment Frequency	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Oil Spill Response Organization (OSRO) Certification	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	

Please use the following space to note any missing or incomplete information.

Just had deployment exercise Not equipment inspection data
Had OSRO information but no certification

Personnel (sec. 1.3.4)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Emergency Response Personnel Information	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Name	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Phone numbers	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Response time	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Responsibility	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Type and date of response training	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Emergency Response Contractor Information	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Name	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Phone numbers	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Response time	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Evidence of contractual arrangements	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Facility Response Team Information	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Job title/position of emergency response personnel	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Response time	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Phone/pager	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Name of emergency response contractor (Contractors providing facility response team services may be different than contractors providing oil spill response services)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Response time	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Phone/pager	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

Please use the following space to note any missing or incomplete information.

Evacuation Plans (sec. 1.3.5)	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Facility Evacuation Plan (sec. 1.3.5.1)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Location of stored materials	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Hazard imposed by spilled materials	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Spill flow direction	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Prevailing wind directions and speed	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Water currents, tides, or wave conditions (if applicable)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Arrival route of emergency response personnel and response equipment	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Evacuation routes	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Alternative routes of evacuation	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Transportation of injured personnel to nearest emergency medical facility	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Location of alarm/notification systems	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Centralized check-in area for roll call	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Mitigation command center location	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Location of shelter at facility	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
- Community Evacuation Plans referenced (sec. 1.3.5.3)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Please use the following space to describe the evacuation plan, being careful to note any observations/information, (i.e., viability, usability) that would be helpful in making a determination of sufficiency or deficiency.

Description of Qualified Individual's Duties (sec. 1.3.6)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Activate internal alarms and hazard communication systems	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Notify response personnel	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Identify character, exact source, amount, and extent of the release	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Notify and provide information to appropriate Federal, State and local authorities	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Assess interaction of spilled substance with water and/or other substances stored at facility and notify on-scene response personnel of assessment	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Assess possible hazards to human health and the environment	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Assess and implement prompt removal actions	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Coordinate rescue and response actions	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Access company funding to initiate cleanup activities	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Direct cleanup activities	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please use the following space to note any missing or incomplete information.

Hazard Evaluation (sec. 1.4)		
Hazard Identification (sec. 1.4.1)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
- Tank and Surface Impoundment Forms	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Tanks	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Tank Number(s)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Substance(s) Stored	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Quantity(s) Stored	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Tank Type(s)/Year(s)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Maximum Capacity(s)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Failure(s)/Cause(s)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
Surface Impoundments (SI)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- SI Number(s)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Substance(s) Stored	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Quantity(s) Stored	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Surface Area(s)/Year(s)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Maximum Capacity(s)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Failure(s)/Cause(s)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Labeled schematic drawing	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Description of transfers (loading and unloading) and volume of material	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Description of daily operations	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Secondary containment volume	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Normal daily throughput of the facility	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	

Please use the following space to note any missing or incomplete information.

Age of tank Not included

Vulnerability Analysis (sec. 1.4.2)	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Analysis of potential effects of an oil spill on vulnerable areas	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Water intakes	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Schools	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Medical facilities	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Residential areas	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Businesses	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Wetlands or other sensitive environments	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Fish and wildlife	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Lakes and streams	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Endangered flora and fauna	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Recreational areas	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Transportation routes (air, land and water)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Utilities	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Other applicable areas	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	

Please use the following space to assess the description of the vulnerability analysis, being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency.

Analysis of the Potential for an Oil Spill (sec. 1.4.3)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Description of likelihood of release occurring	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Oil spill history for the life of the facility	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Horizontal range of potential spill	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Vulnerability to natural disaster	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Tank age	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Other factors (e.g., unstable soils, earthquake zones, Karst topography, etc.)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
Facility Reportable Oil Spill History Description (sec. 1.4.4)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Date of discharge(s)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- List of discharge causes	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Material(s) discharged	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Amount of discharges in gallons	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Amount that reached navigable waters (if applicable)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Effectiveness and capacity of secondary containment	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Clean-up actions taken	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Steps taken to reduce possibility of reoccurrence	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Total oil storage capacity of tank(s) or impoundment(s) from which material discharged	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Enforcement actions	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Effectiveness of monitoring equipment	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Spill detection	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	

Please use the following space to note any missing or incomplete information.

Discharge Scenarios (sec. 1.5)		
Small Discharges (sec. 1.5.1)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Description of small discharge scenarios addressing facility operations and components (sec. 1.5.1.1)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Loading and unloading operations	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Facility maintenance operations	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Facility piping	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Pumping stations and sumps	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Oil storage tanks	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Vehicle refueling operations	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Age and condition of facility and components	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Description of factors affecting response efforts (sec. 1.5.1.2)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Size of spill	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Proximity to downgradient water	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Proximity to fish and wildlife and sensitive environments	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Likelihood that discharge will travel offsite	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Location of material spilled (i.e., on concrete pad or soil)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Material discharged	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Weather or aquatic conditions	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Available remediation equipment	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Probability of a chain reaction or failures	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Direction of spill pathway	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Medium Discharges (sec. 1.5.1)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Description of medium discharge scenarios addressing facility operations and components (sec. 1.5.1.1)	<input checked="" type="radio"/> YES <input type="radio"/> NO	

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID:

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Loading and unloading operations	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Facility maintenance operations	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Facility piping	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Pumping stations and sumps	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Oil storage tanks	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Vehicle refueling operations	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Age and condition of facility and components	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Description of factors affecting response efforts (sec. 1.5.1.2)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Size of spill	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Proximity to downgradient water	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Proximity to fish and wildlife and sensitive environments	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Likelihood that discharge will travel offsite	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Location of material spilled (i.e., on concrete pad or soil)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Material discharged	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Weather or aquatic conditions	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Available remediation equipment	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Probability of a chain reaction or failures	<input type="radio"/> YES <input checked="" type="radio"/> NO	

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID:

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Direction of spill pathway	<input type="radio"/> YES <input checked="" type="radio"/> NO	

Please use the following space to assess the description of conditions at the facility, being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency.

Worst Case Discharge (sec. 1.5.2)	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Correct Worst Case Discharge calculation for specific type of facility	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Description of worst case discharge scenario	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Loading and unloading operations	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Facility maintenance operations	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Facility piping	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Pumping stations and sumps	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Oil storage tanks	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Vehicle refueling operations	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Age and condition of facility and components	<input type="radio"/> YES <input checked="" type="radio"/> NO	
- Description of factors affecting response efforts (sec. 1.5.1.2)	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Size of spill	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Proximity to downgradient water	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Proximity to fish and wildlife and sensitive environments	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Likelihood that discharge will travel offsite	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Location of material spilled (i.e., on concrete pad or soil)	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Material discharged	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Weather or aquatic conditions	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Available remediation equipment	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Probability of a chain reaction or failures	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Direction of spill pathway	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Discharge Detection Systems (sec. 1.6)		
Discharge Detection by Personnel (sec. 1.6.1)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Description of procedures and personnel for spill detection	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Description of facility inspections	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Description of initial response actions	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Emergency Response Information (referenced)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

Please use the following space to assess the description of conditions at the facility and/or discharge detection, being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency.

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
Automated Discharge Detection (sec. 1.6.2)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Description of automatic spill detection equipment, including overfill alarms and secondary containment sensors	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Description of alarm verification procedures and subsequent actions	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A

Please use the following space to assess the description of automated discharge detection systems and related conditions at the facility, being careful to note observations/information that would be helpful in making a determination of sufficiency or deficiency.

Plan Implementation (sec. 1.7)		
- Identification of response resources for small, medium, and worst case spills (sec. 1.7.1)	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Description of response actions	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Emergency plans for spill response	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Additional response training	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Additional contracted help	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Access to additional response equipment/experts	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Ability to implement plan, including response training and practice drills	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID:

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Temporary Storage	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

Please use the following space to assess the adequacy of response resources and response actions for small, medium and worst case spills, be careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency.

Disposal Plan (sec. 1.7.2)	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Description of procedures for recovering, reusing, decontaminating or disposing of materials	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Materials addressed in Disposal Plan (Recovered product, contaminated soil, contaminated equipment and materials, personnel protective equipment, decontamination solutions, absorbents, spent chemicals)	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Plan prepared in accordance with any Federal, State, and/or local regulations	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Plan addresses permits required to transport or dispose of recovered materials	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

Please use the following space to assess the description of procedures for recovering, reusing, decontaminating or disposing of materials, being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency.

Containment and Drainage Planning (sec. 1.7.3.)	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Description of containing/controlling a spill through drainage.	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Containment volume	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Drainage route from oil storage and transfer areas	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Construction materials in drainage troughs	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Type and number of valves and separators in drainage system	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Sump pump capacities	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	
- Containment capacities of weirs and booms and their location	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Other clean up materials	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	

Please use the following space to assess the description of containing/controlling a spill through drainage, being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency.

Self-Inspection, Training, and Meeting Logs (sec. 1.8)		
Facility Self-Inspection (sec. 1.8.1)	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Records of tank inspections contained or cross-referenced in plan or maintained electronically	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Records of secondary containment inspections contained or cross-referenced in plan or maintained electronically	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Response Equipment Checklist (sec. 1.8.1.2)	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Inventory (item and quantity)	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Storage location	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Accessibility (time to access and respond)	<input type="radio"/> YES <input checked="" type="radio"/> NO <input type="radio"/> N/A	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Operational status/condition	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Actual use/testing (last test date and frequency of testing)	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Shelf life (present age, expected replacement date)	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Response Equipment Inspection Log	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
- Inspection records maintained for 5 years	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A

Please use the following space to assess the description of facility self-inspection and adequacy of response equipment at facility, being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency.

Facility Drills/Exercises (sec. 1.8.2)	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Description of drill/exercise program based on PREP guidelines or other comparable program	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- QI notification drill	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Spill management team tabletop exercise	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Equipment deployment exercise	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Unannounced exercise	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Area exercise	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Description of evaluation procedures for drill program	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Qualified Individual Notification Drill Log (sec. 1.8.2.1) (Date, company, qualified individual, emergency scenario, evaluation)	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
- Spill Management Team Tabletop Drill Log (sec. 1.8.2.2) (Date, company, qualified individual, emergency scenario, evaluation, changes to be implemented, time table for implementation)	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

CHECKLIST FOR VERIFYING COMPLIANCE WITH FACILITY RESPONSE PLAN REQUIREMENTS FRP ID:

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
Response Training (sec. 1.8.3)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Description of Response Training program (including topics)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Personnel Response Training Logs (Name, response training date/and number of hours, prevention training date/ and number of hours)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
- Discharge Prevention Meeting Logs (Date, attendees)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please use the following space to assess the description of the response training program, being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency

No Mention of Area Exercise

Diagrams (sec. 1.9)		
Site Plan Diagram	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Entire facility to scale	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Above and below-ground storage tanks	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Contents and capacities of bulk oil storage tanks and drum oil storage areas	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Process building	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
- Transfer areas	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Location and capacity of secondary containment systems	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
- Location of hazardous materials	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
- Location of communications and emergency response equipment	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
- Location of electrical equipment that might contain oil	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	

Please use the following space to note any missing or incomplete information.

Site Drainage Plan Diagram	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Major sanitary and storm sewers, manholes, and drains	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Weirs and shut-off valves	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Surface water receiving streams	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Fire fighting water sources	<input checked="" type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A	
- Other utilities	<input type="radio"/> YES <input type="radio"/> NO <input checked="" type="radio"/> N/A	
- Response personnel ingress and egress	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Response equipment transportation routes	<input checked="" type="radio"/> YES <input type="radio"/> NO	
- Direction of spill flow from discharge points	<input checked="" type="radio"/> YES <input type="radio"/> NO	

Please use the following space to note any missing or incomplete information.

REVIEW ITEMS	ADEQUATELY ADDRESSED	
Note: Section numbers indicated below correspond to sections in the model response plan in Appendix F of the Facility Response Plan (FRP) rule.	PLAN	FIELD
Site Evacuation Plan Diagram	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Evacuation routes	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Location of regrouping areas	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please use the following space to note any missing or incomplete information.

Site Security (sec. 1.10)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
- Description of facility security (Emergency cut-off locations, enclosures, guards and their duties, lighting, valve and pump locks, pipeline connection caps)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please use the following space to assess the description of facility security, being careful to note any observations/information that would be helpful in making a determination of sufficiency or deficiency.